

The Impact of a Clinical Pharmacy Service in the Physiotherapy Musculoskeletal Management Clinic and Conservative Management Service (PMMC & CMS) at Logan Hospital

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Background

A pharmacist was introduced to the multidisciplinary Physiotherapy Musculoskeletal Management Clinic and Conservative Management Service (PMMC & CMS) team since 1st July 2016 to provide medication reviews to patients referred by the screening physiotherapists. The PMMC & CMS was formerly known as the Orthopaedic Physiotherapy Screening Clinic (OPSC). The team consists of screening physiotherapists, treating physiotherapists, psychologists, dietitians and administration officers.

Aim

To evaluate the integration of the new clinical pharmacy service in PMMC & CMS for managing patients with persistent musculoskeletal pain.

Methods

Patients reviewed by the PMMC & CMS pharmacist from 1st July 2016 to 28th February 2017 were included in this study.

Pharmacist Interventions and Pain Related Outcomes

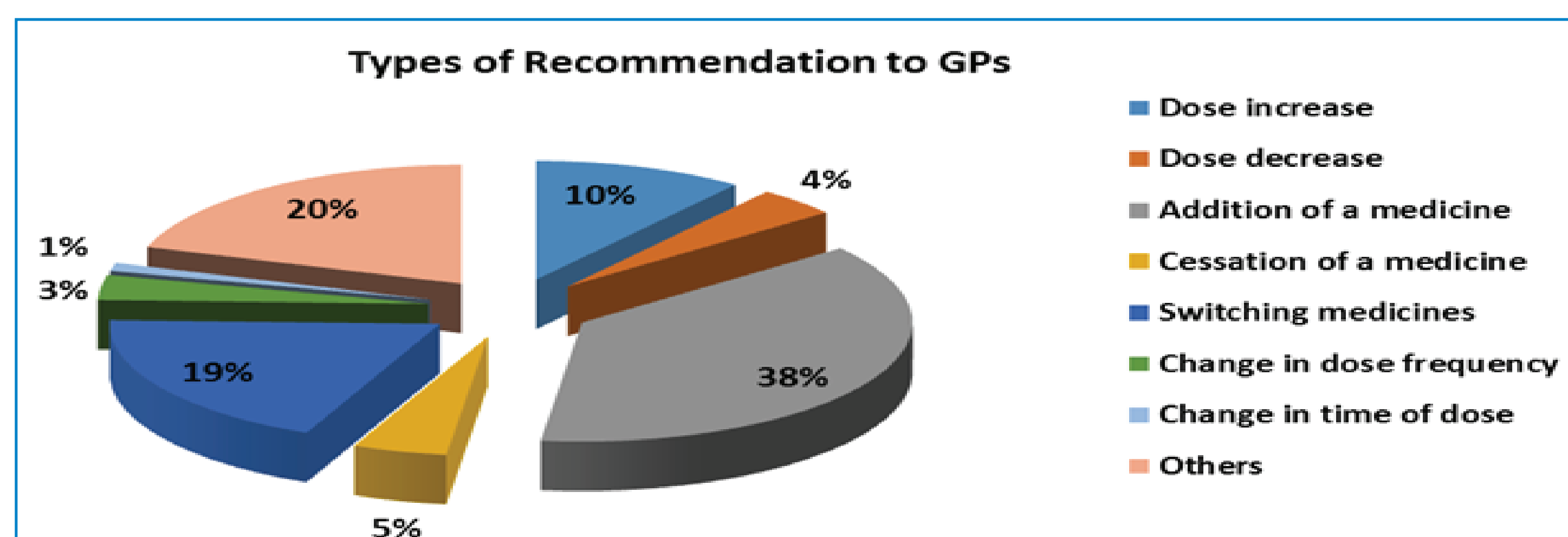
Hospital medical records were reviewed to analyse the nature and types of pain, co-morbidities, analgesic uses, pharmacist interventions, pharmacist recommendations to General Practitioners (GPs), implementation rates, and pain-related outcomes.

Satisfaction Surveys

Patients were posted a satisfaction survey, cover letter and reply-paid envelope. GPs who were faxed a letter of recommendations by the PMMC & CMS pharmacist previously received a survey with a cover letter via fax. The PMMC & CMS team were instructed to complete an online survey using Survey Monkey via email.

Results

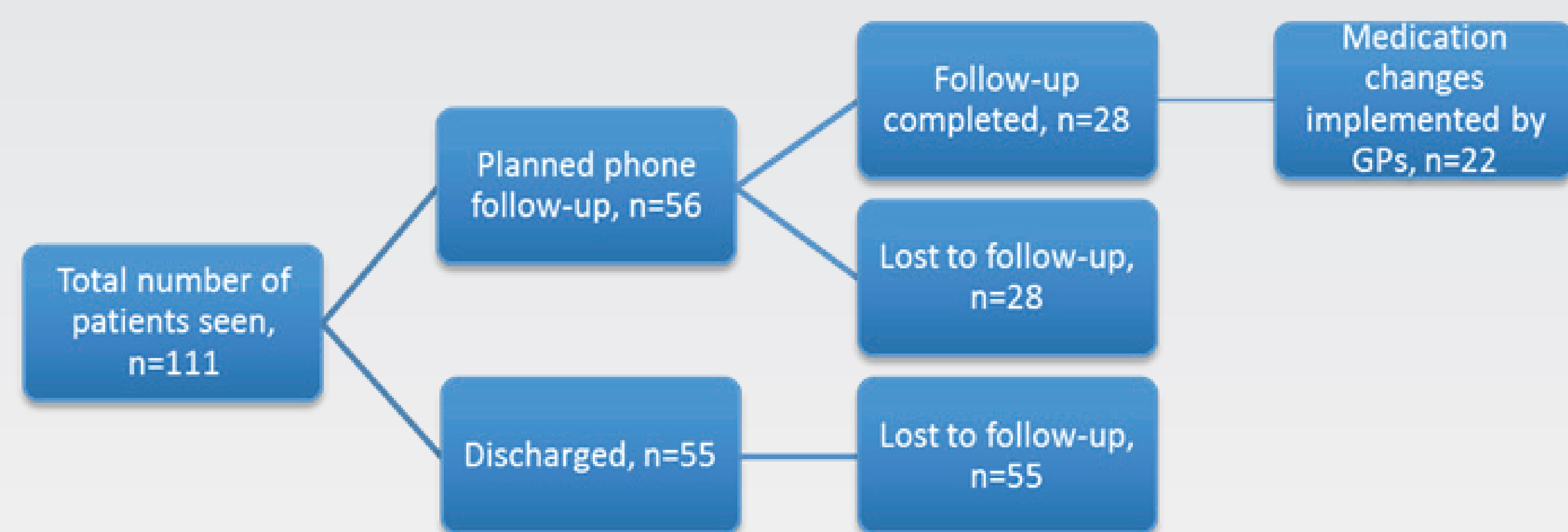
A total of 111 patients were reviewed. The mean age was 51 years, 58 (52.3%) were female. The most common pain sites were lower back (n= 55 [49.5%]) and lower limb (n= 41 [36.9%]). Common co-morbidities were hypertension (n= 38 [34.2%]), depression (n= 35 [31.5%]), gastrointestinal disorders (n=23 [20.7%]), and anxiety (n= 20 [18%]). Half of the patients (n= 57 [51%]) were taking more than five medications. The most commonly used analgesics were paracetamol, followed by non-steroidal anti-inflammatory drugs and opioids. The recommendations made to GPs included addition (38%), switching (19%), and increased dose (10%) of medicines.



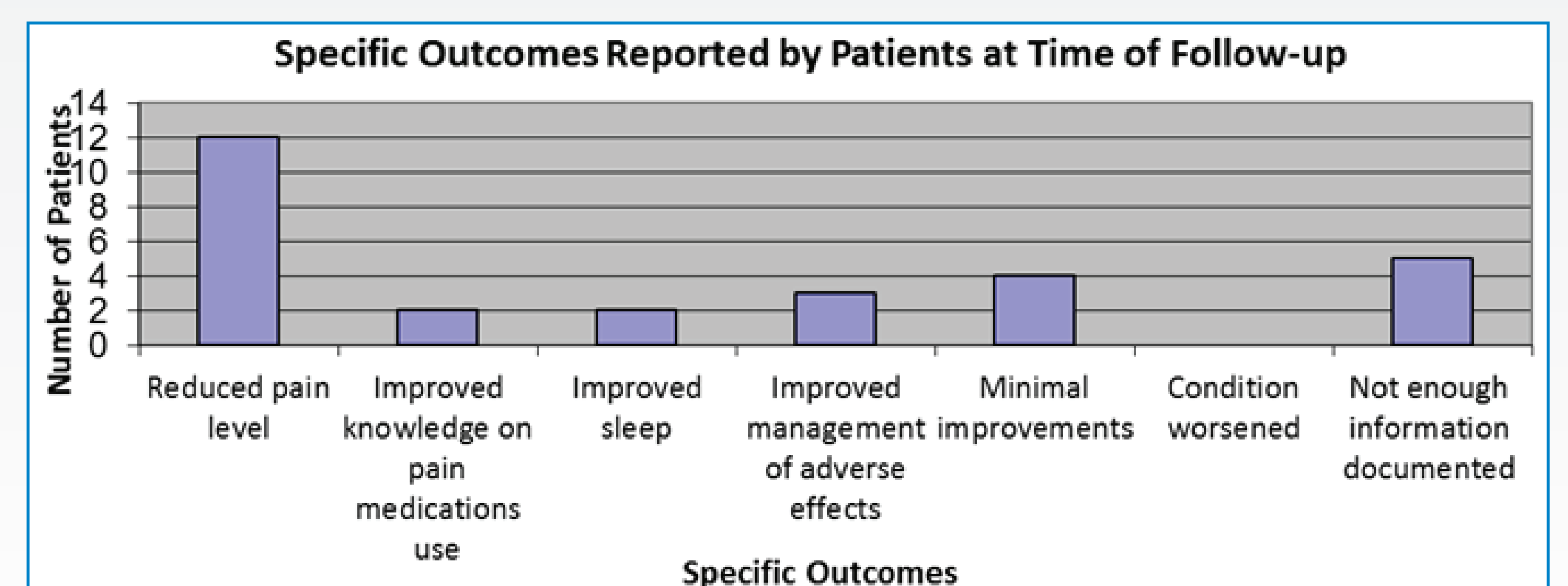
Conclusions

The PMMC & CMS clinical pharmacy service has demonstrated a positive impact on managing patients with persistent musculoskeletal pain. The high level of satisfaction from patients, GPs and PMMC & CMS team also holds testament to the current pharmacist involvement in the multidisciplinary team. The periodic quality review is imperative to assure the quality and standards of clinical pharmacy service are maintained.

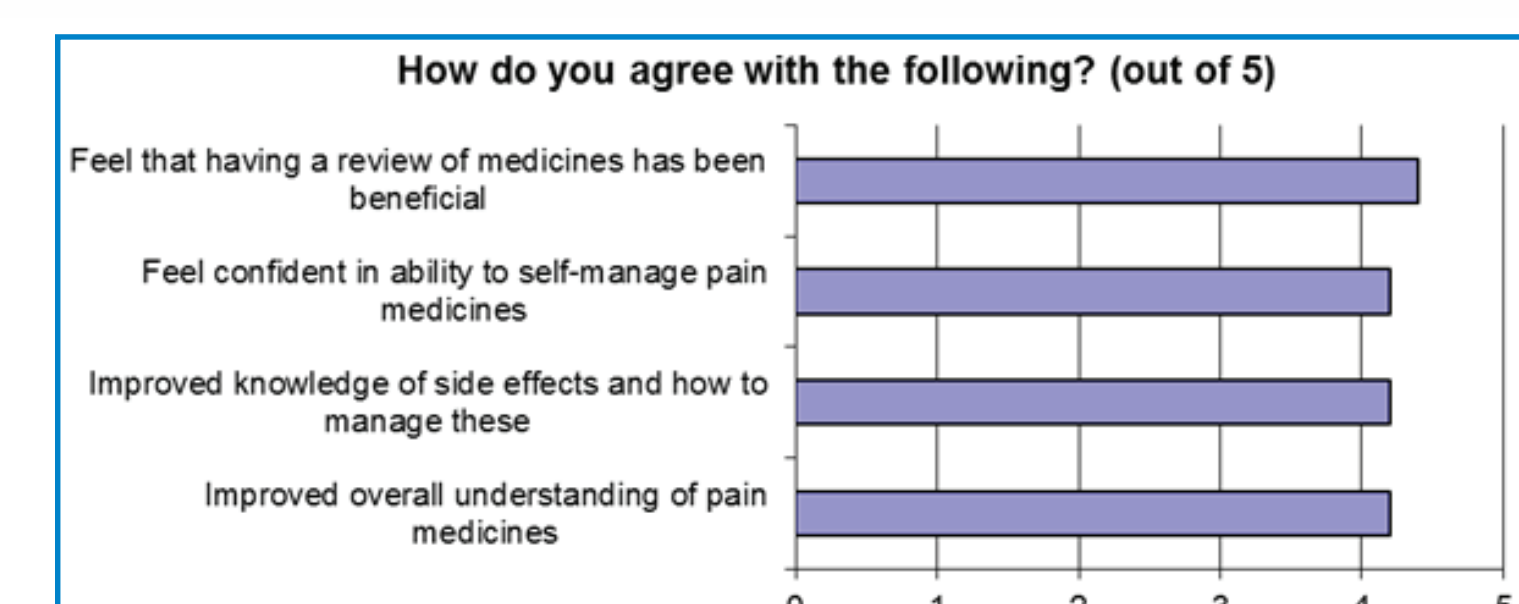
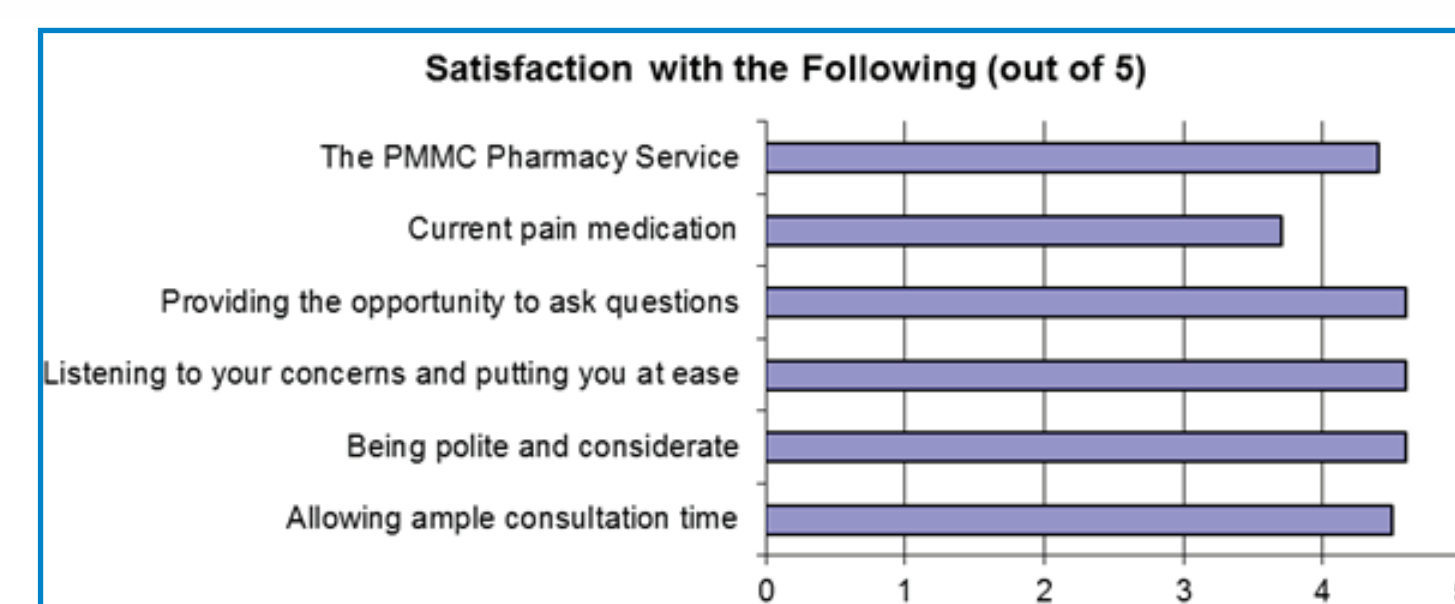
28 patients were followed up by the pharmacist via phone review. Of these, 79% (n=22) had pharmacist recommendations implemented by GPs.



Specific outcomes reported by patients with recommendations implemented at time of follow-up (n=22).

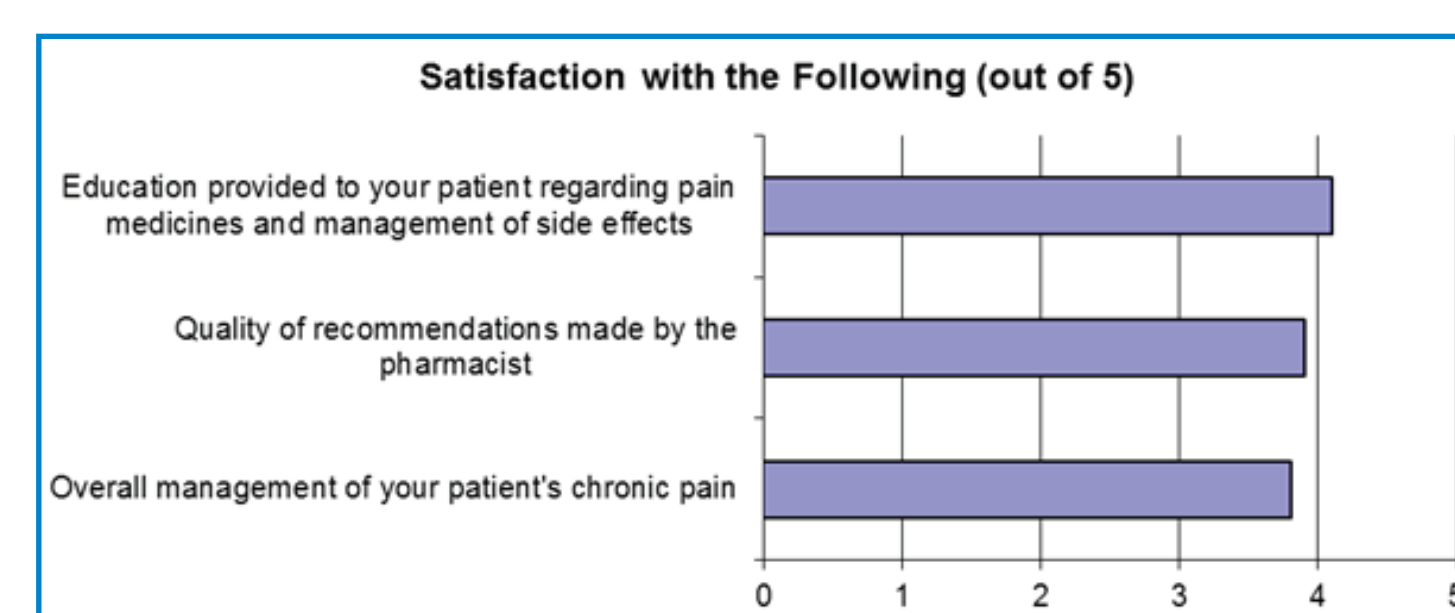


Patient Satisfaction Survey Results



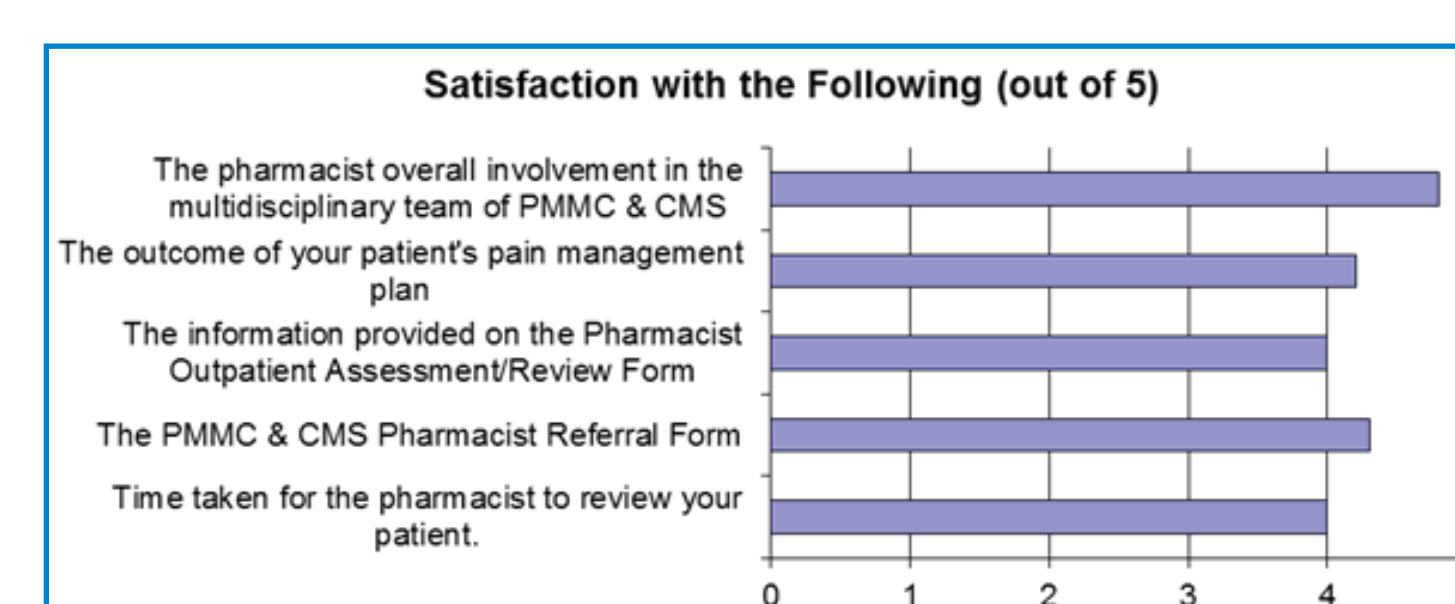
Response rate 17.1% (n=19/111) with average rating 4.34 (5= very satisfied)

GP Satisfaction Survey Results



Response rate 15.2% (n=10/66) with average rating 3.93 (5= very satisfied)

PMMC & CMS Team Satisfaction Survey Results



Response rate 31.6% (n=6/19) with average rating 4.26 (5= very satisfied)

Acknowledgement

Logan Hospital Physiotherapy Musculoskeletal Management Clinic and Conservative Management Service.

Poster produced by Patient Safety & Quality Unit, Princess Alexandra Hospital, 2017